

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/					
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<b>TOTAL IND.</b>			<i>38</i>			
<b>TOTAL DEP.</b>			<i>16</i>			
<b>TOTAL CLAIMS</b>			<i>54</i>			

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IND.	DEP.	IND.
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<b>TOTAL IND.</b>		
<b>TOTAL DEP.</b>		
<b>TOTAL CLAIMS</b>		